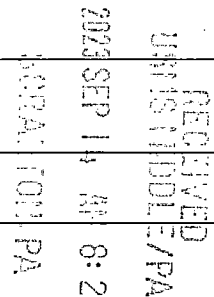


USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

| | |
|----------------------------------------------|--------------------------------------|
| PLAINTIFF United States of America | COURT CASE NUMBER 19-01762 |
| DEFENDANT Steven Darvell | TYPE OF PROCESS SALE |

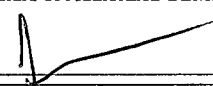
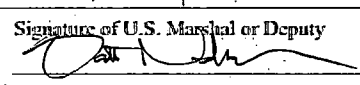
| | |
|-----------------|---------------------------------------------------------------------------------------------------------|
| SERVE AT | NAME OF INDIVIDUAL, COMPLY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 69 Pamela Dr Drums, PA 18222 |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------|
| SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106 | Number of process to be served with this Form 285 |  |
| | Number of parties to be served in this case | |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)Please post property by 10/11/2023

| | | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|-----------------|
| Signature of Attorney other Originator requesting service behalf of: /s/Michael McKeever, Esq. | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 215-627-1322 | DATE 9/11/23 |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|-----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. D67 | District to Serve No. D67 | Signature of Authorized USMS Deputy or Clerk  | Date 9/14/2023 |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) | | | | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode | |
| Address (complete only different than shown above) | | | | Date 09/29/2023 | Time 1500 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| | | | | Signature of U.S. Marshal or Deputy  | |
| Service Fee 65.00 | Total Mileage Charges including endeavors 49.78 | Forwarding Fee | Total Charges 114.78 | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |

REMARKS:

This service was posted on the property on 09/29/2023 with photograph as proof of service.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

**FILED
SCRANTON**

PRIOR EDITIONS MAY BE USED

OCT 02 2023

PER

DEPUTY CLERKForm USM-285
Rev. 12/15/80
Automated 01/00